

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/586313

APPLICANT(S)

14 July 06 / 31 Aug. 06 CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
8		/		/		/
9		/		/		/
10		/		/		/
11	/		/		/	
12	/		/		/	
13	/		/		/	
14	/		/		/	
15	3		/		/	
16	0		/		/	
17	0		/		/	
18	0		/		/	
19	0		/		/	
20	0		/		/	
21	0		/		/	
22	0		/		/	
23	/		/		/	
24	0		/		/	
25	/		/		/	
26	/		/		/	
27	/		/		/	
28	2		/		/	
29	/		/		/	
30	/		/		/	
31	/		/		/	
32	/		/		/	
33					/	
34					/	
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47						
48						
49						
50						
TOTAL IND.	10	↓	10	↓	10	↓
TOTAL DEP.	25	←	22	←	26	←
TOTAL CLAIMS	35		32		36	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					←	
					←	